MS. LSU ALEXANDRIA PAGEANT

Registration Form

Full Name: _____

(Last) **(First)** **(Middle)**

Social Security Number:_____

Address:_____

City:_____**Zip Code:**_____

Phone_____

(Daytime) **(Evening)** **(Cell)**

E-Mail Address:_____

Birth Date:_____

Major:_____ **GPA:**_____

Freshman:_____ **Sophomore:**_____ **Junior:**_____ **Senior:**_____

Student Organizations in which you are an active member:

_____

_____

High School Attended:_____

My signature on this registration form gives LSU Alexandria permission to release information about me for publicity purposes for the Ms. LSU Alexandria Pageant. I certify that I meet all of the requirements to be a contestant in the Ms. LSU Alexandria Pageant.

_____

Signature of Registrant **Date**